

EXHIBIT 1

B0011641444

NEW JERSEY DEPARTMENT OF HEALTH
CERTIFICATE OF DEATHSTATE FILE NUMBER
20210060666

1a. Legal Name of Decedent (First, Middle, Last, Suffix) Susan Parker Proietti				LIMB ONLY <input type="checkbox"/>
1b. Also Known As (AKA), If Any (First, Middle, Last, Suffix)				
2 Sex Female	3 Social Security Number [REDACTED]	4a. Age 82 Years	5 Date of Birth (Mo/Day/Yr) [REDACTED] 1939	
6 Birthplace (City & State/Foreign Country) Orange, New Jersey				
7a. Residence-State New Jersey	7b. County Bergen	7c. Municipality/City Englewood City		
7d. Street and Number 45 Dwight Place	7e. Apt. No. 8	7f. Zip Code 07631	7g. Inside City Limits? Yes	
8a. Ever in US Armed Forces? No	8b. If Yes, Name of War		8c. War Service Dates (From/To)	
9. Domestic Status at Time of Death Married		10. Name of Surviving Spouse/Partner (Name given at birth or on birth certificate) Frank Proietti		
11. Father's Name (First, Middle, Last) Joseph Williamson Parker				
12. Mother's Name Prior to First Marriage (First, Middle, Last) Josephine [REDACTED]				
13a. Name of Informant Frank Proietti		13b. Relationship to Decedent Spouse		
13c. Mailing Address (Street and Number, City, State, Zip Code) 45 Dwight Place Apt 8, Englewood, NJ 07631				
14. Method of Disposition Cremation		15. Place of Disposition (name of cemetery, crematory, other) Laurel Grove Cemetery		16. Location-City & State/Foreign Country Totowa Borough, New Jersey
17. Name and Complete Address of Funeral Facility BARRETT LEBER FUNERAL HOME, 148 Dean Drive, Tenafly, NJ 07670				
18. Electronic Signature of Funeral Director Steven P Hamersma			19. NJ License Number 23JP00377300	
20. Decedent Education Master's degree (MA, MS, MEng, Med, MSW, MBA)		21. Decedent of Hispanic Origin? Not Spanish / Hispanic / Latino		22. Decedent Race White
23. Occupation of Decedent (Type of work done most of life, even if retired) Social Worker		24. Kind of Business/Industry Social working		
25. Name and Address of Last Employer Kearny School District, 172 Midland Ave, Kearny, NJ 07032				
26. Date Pronounced Dead (Mo/Day/Yr) 09/27/2021		28. Name of Person Pronouncing Death Janet Owino		
27. Time Pronounced Dead (24-hr) 1425		29. License Number 26NR16699700		30. Date Signed (Mo/Day/Yr) 09/27/2021
31. Date of Death (Mo/Day/Yr) 09/27/2021	32. Time of Death (24-hr) 1425	33. Was Medical Examiner Contacted? No		34. Place of Death Decedent's Home
35a. Facility Name (if not institution, give street and number) 45 DWIGHT PLACE APT. 8 ENGLEWOOD, NJ				
35b. Municipality Englewood City		35c. County Bergen		
CAUSE OF DEATH: 36a. PART I - IMMEDIATE CAUSE - final disease or condition resulting in death. Subsequently list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury) that initiated the events resulting in death. IABST				
Immediate Cause a. pancreatic cancer		Interval Between Onset and Death several months		
Due to (or as a consequence of): b.				
Due to (or as a consequence of): c.				
Due to (or as a consequence of): d.				
36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I			37. Was an Autopsy Performed? No	
			38. Were Autopsy Findings Available to Complete Cause of Death? Not Applicable	
39. Date of Injury (Mo/Day/Yr)	40. Time of Injury (24-hr)	41. Place of Injury (e.g. home, construction site, restaurant)		42. Injury at work?
43a. Location of Injury (Number and Street, Zip Code)	43b. Municipality	43c. County	43d. State	
44. Describe How Injury Occurred			45. If Transportation Injury	
46. Manner of Death Natural	47. Did Decedent Have Diabetes? No	48. Did Tobacco Use Contribute to Death? No	49. If Female, Pregnancy State Not applicable	
50. Certifier Type Certifying Physician or APN		51. Name, Address, and Zip Code of Certifier Daniel James Wilkin, D.O. 680 Kinderkamack Rd., Oradell, NJ 07649		
52. Electronic Signature of Certifier Daniel James Wilkin		53. License Number 26MB07894000	54. Date Certified (Mo/Day/Yr) 09/29/2021	
55. Electronic Signature of Local Registrar Christine Attanasio		56. District No. V0287	57. Date Received 09/29/2021	Case ID Number 2323777

DATE ISSUED: **September 30, 2021**

ISSUED BY:

New Jersey Department of Health, Office of Vital Statistics and RegistryThis is to certify that the above is correctly copied
from a record on file in my office.Certified copy not valid unless the raised Great
Seal of the State of New Jersey or the seal of the
issuing municipality or county, is affixed hereon.Vincent T. Amis
State Registrar
Office of Vital Statistics and RegistryREG-42B
JUN 14

THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED